



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT  
BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R4/11-05)  
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11  
REPORT

**COMMITTEE INFORMATION**

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name <b>Frank Isles For Council</b>			2. Committee Telephone Number <b>( 317 ) 223-5196</b>	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>8327 Country Ridge Drive</b>				
4. City <b>Indianapolis</b>	State <b>IN</b>	ZIP Code <b>46234</b>	5. Party Affiliation or If Independent Candidate <b>Democrat</b>	
6. Office Sought (include district number, if any. Not required for exploratory committee.) <b>City-County Council District 6</b>			7. County of Residence <b>Marion</b>	
8. Reporting Period: From: <b>10-21-15</b> Through: <b>10-21-15</b>				

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification 1. <b>None</b>	<b>Hogsett For Indianapolis 133 E Market St #190 Indianapolis IN 46204</b>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	<b>1,000.00</b>	<b>10-21-15 BS</b>
Classification 2.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
Classification 3.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		

**CERTIFICATION**

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <b>Bonnie Isles</b>	Title <b>Treasurer</b>	Date (MM-DD-YY) <b>10-22-15</b>
Signature of Candidate (if applicable) <b>Frank Isles</b>		Date (MM-DD-YY) <b>10-22-15</b>

**Warning:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

FOR OFFICE USE ONLY

*Mylan A. Eldridge*

OCT 23 2015

**FILED**